

## PRIMARY CARE PANEL

No. Attending: about 34

Co-Chairs: Nani Medeiros, Dr. Kelley Withy

Facilitator: Bernadette Howard

WDC Staff: Anna Powell

### **Problem Statements:**

1. There is a shortage of training for administrative personnel in Hawaii's health care workforce, including the lack of a career ladder for health care workers to advance professionally.
2. There are regulatory barriers (certification/licensure/credentialing) contributing to the health care workforce shortage in Hawaii that must be reviewed and addressed.
3. People entering the workforce in Hawaii have a lack of work readiness skills including communication skills, writing skills, personal hygiene and presentation, timeliness, and general business practice comprehension.
4. There is a shortage of primary care providers in Hawaii (defined as: MD, DO, APRN, PA).
5. There is a lack of awareness, understanding, training, and utilization of health IT and health IT workers.

### **Desired Outcomes and Assignments** (For problem statements, also known as "focus areas"):

1. There is a shortage of training for administrative personnel in Hawaii's health care workforce, including the lack of a career ladder for health care workers to advance professionally.
  - a. Health profession "train the trainer" models research including mid-level positions. (Vicki, Signe, & Wendy)
  - b. CMRS course research. (Jessie & Blayne)
  - c. Research government resources (HRSA etc.) available for workforce development. (Deliana & Nani)
2. There are regulatory barriers (certification/licensure/credentialing) that contribute to the health care workforce shortage in Hawaii that must be reviewed and addressed.
  - a. Identify/List the regulatory barriers that can be overcome/addressed/revised etc. (Anna Powell, Dan Domizio, Beth Giesting, Alan Johnson, Nani Medeiros, David Sakamoto)
3. People entering the workforce in Hawaii have a lack of work readiness skills including communication skills, writing skills, personal hygiene and presentation, timeliness, and general business practice comprehension.
  - a. Identify existing work readiness and training programs. (Signe Godfrey, Mary, Carl Hinson, Blayne Hanigami, Cantrell Shiroma, Boyd (Hilo Medical Center), Sherilyn Lau, Stephanie Bell)
  - b. Employers in our group report back on the specifics that you want to see or need in prospective employees. (All employers on the panel.)

- c. Identification of “other” curriculum available besides the local DOE or CC system. (Dan Domizio)
- 4. There is a shortage of primary care providers in Hawaii.
  - a. Identification of the number/shortages for specific professions.
    - i. MD/DO/PA/APRN (Kelley Withy, Ric Custodio)
    - ii. Nursing (Ginny Pressler)
    - iii. Mid level providers (person to be identified)
    - iv. Mental health (person to be identified)
    - v. Dental (Beth, for CHCs)
  - b. Recruit and retention incentives/programs/initiatives/strategies. (Kelley Withy, Andy Levin, Dan Domizio, Kimo Lee, Catherine Sorensen, Nani Medeiros, Mona Kodama)
- 5. There is a lack of awareness, understanding, training, and utilization of health IT requirements and health IT workers at various levels.
  - a. Research existing health IT training programs. (Stephanie Bell, Catherine Sorensen, Anna Powell)

If you set milestones please list here:

Although the panel set no milestones, we agreed that all the outcomes would be reported on at the November 9, 2010 skills panel meeting. Co-Chairs will set due dates for preliminary reports to be shared with panel members prior to the November 9<sup>th</sup> reporting date. Those dates will be forthcoming shortly.

What are the 3-4 focus areas within this skills panel and who lead each focus area:

This panel did not break out into focus areas. During the morning session of this panel, members identified approximately 25 areas of focus with lively discussion. Due to the enormous number of focus areas, during the lunch break the two co-chairs worked with our facilitator to condense the 25 focus areas into 12 categories. These were: life skills training, regulatory barriers, dental, primary care providers, behavioral health provider, cultural competencies, administrative, support staff, technical, researchers, physical therapy, and ultrasound. During the beginning of the afternoon session we asked business members of the panel to prioritize these twelve categories so that we could identify the most important issues to employers. We ended up with five focus areas, which are identified through our problem statements. **The five focus areas are: administrative, regulatory barriers, primary care, health IT, and work readiness.**

List the health care occupations you will be examining during October – November.

1. Physical therapists
2. CNAs, CMAs
3. Ultrasound technicians
4. Periodontist
5. Hygienists
6. Primary care physicians (including internal medicine, family and general medicine)

7. Nurse (RN, APRN)
8. Physician assistant
9. Neurologists
10. Pediatricians
11. Other physicians
12. Nurse managers
13. Pharmacists
14. IT workers (data entry, data analysis, etc.)
15. CEO/Admin
16. Billing/Reimbursement personnel
17. Behavioral health workers
18. Mental health workers
19. Care coordination workers
20. Any position related to integrated primary care delivery to the person/patient/family

Are there additional groups/perspectives requested by the group for the Nov. 9<sup>th</sup> skills panel meeting?

Additional HR personnel from business to assist with the identification of work readiness issues for the employer.

List any issues or concerns experienced by this panel. Were the issues or concerns resolved? What action needs to be taken?

This group worked diligently for the morning and afternoon sessions. There was an enormous amount of information, perspective, and dialogue shared amongst participants. The sheer amount of data and identification of focus areas demonstrates the great need for support, both in resources for infrastructure/capacity support and personnel, of primary care in Hawaii. All members of this panel were respectful and open to both sharing and listening. All members understand there is much to be done to provide an adequate primary care system for Hawaii. Many of the issues this panel is faced with may be long term. However, we are confident there are also immediate remedies that can be adopted, and dialogues with community leaders outside of "our four walls" that need to start now, in order to garnish the support for developing and sustaining a solid primary care health care workforce for Hawaii.